LSU HEALTH CARE SERVICES DIVISION
BATON ROUGE, LOUISIANA

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CONTENT:	Information Technology Violations and Disciplinary Actions
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LSU HEALTH CARE SERVICES DIVISION
INFORMATION TECHNOLOGY RESOURCES VIOLATIONS AND DISCIPLINARY ACTIONS POLICY

I. POLICY STATEMENT

It is the policy of LSU Health Care Services Division (HCSD) to define potential violations of Information Technology (IT) resources and corresponding minimum recommended consequence(s) for such violations based on levels of severity. This policy will also address compliance with a variety of HIPAA Security Standards.

Note: The content of this policy is not to be confused with "Rules of Conduct" of a particular agency. In the event of a conflict between this policy and the "Rules of Conduct", this policy shall take precedence.

II. APPLICABILITY

This policy applies to all employees of the HCSD. This includes classified, unclassified, students, and any other persons having an employment relationship with the agency, regardless of appointment type.

This policy also applies to individuals conducting business on behalf of the HCSD including, but not limited to, contract and subcontract workers, vendors, volunteers, laborers and independent agents using the HCSD's electronic information network.

III. IMPLEMENTATION

This policy and subsequent revision to this policy shall become effective upon approval and date of signature of the HCSD Deputy CEO.

IV RESPONSIBILITY

All HCSD employees and individuals conducting business on behalf of the HCSD using the HCSD's electronic information network must understand that initial and/or continued employment is contingent upon a willingness to comply with this policy.

Individuals who willingly and knowingly violate or otherwise abuse the provisions of this policy shall be subject to disciplinary action up to and including termination.

V. PROCEDURES

A. Reporting requirements

All suspected violations of this policy shall be reported to the Compliance/Privacy Officer as soon as possible, but no later than forty-eight (48) hours from the time the violation is known.

B. Review by Compliance/Privacy Officer

If, after a review of the documentation surrounding a suspected violation, the violation is still in question, the matter will be referred to the IT Director for further investigation. IT Director will confer/discuss any findings with the Compliance/Privacy Officer.

C. Confirmed violation

Based on nature of violation and circumstances, Compliance/Privacy Officer will confer with the Human Resources Department for possible disciplinary action to be taken.

VI. VIOLATIONS/CONSEQUENCES

Refer to Attachment #1, Violation Levels and Recommended Actions

VII. EXCEPTION

Any exception to this policy must be approved by the HCSD Deputy CEO.

Violation Levels and Recommended Actions		
Level and Definition of Violation	Examples of Violation	Recommended Action
Level I Accidental violation due to lack of proper training	• Failing to sign off a given computer when not using it • Minor e-mail violation-first offense (related to PHI and ePHI, see HCSD Policy 4511)	• Retraining and reevaluation • Discussion of related policy and procedures • Oral warning or reprimand
Level II Break in the terms of the confidentiality agreement, security agreement, data use agreement, etc. or an unacceptable number of previous violations	• Using another worker's credentials, i.e. logon & password, to access HCSD network-1st offense • Allowing another user to utilize the PMS, CLIQ or the EHR via your password-1st offense • Misusing or abusing internet privileges as reported by LSUHSC Information Security Services-1st offense • Minor e-mail violation-2nd offense (related to PHI and ePHI, see HCSD Policy 4511)	• Retraining and reevaluation • Discussion of related policy and procedures • Written warning and acknowledgement of consequences of subsequent infractions
Level III Purposeful break in the terms of the confidentiality agreement (or similar document) or an unacceptable number of previous violations. Verbal or written disclosure of patient information regarding treatment and/or status without a release of information.	• Accessing records of a patient without having a legitimate reasons to do so-1st offense • Using another worker's credentials-2nd offense • Allowing another user to utilize the PMS, CLIQ, or EHR via your password-2nd offense • Disclosing confidential patient information to an unauthorized recipient-1st offense • Misusing or abusing internet privileges as reported by LSUHSC Information Security Services-2nd offense • Loss of laptop due to failure to store properly, i.e. concealed in vehicle • Use of unencrypted removable storage device to store ePHI	• Termination of employment • Revocation of privileges • Termination of privileges or termination of contract